PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further co indicated unless corrected maintenance fee notification	below or directed other	erwise in Block 1, by	(a) specifying a new co	respondence address	s; and/or (b) indicating a s	eparate "FEE ADDRESS" to
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FROST BROWN 2200 PNC CENTE 201 E. FIFTH STE	ER REET	2009	I S a tu	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
CINCINNATI, OH 45202				(Depositor's name)		
						(Signature)
			Ĺ			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/563,531			Fredrik Gustavsson 0100508/0538460 1510 THE ABSOLUTE VELOCITY OF A VEHICLE		1510	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/02/2010
EXAMINE	ER	ART UNIT	CLASS-SUBCLASS	7		
WACHSMAN, HAL D		2857	702-142000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
(A) NAME OF ASSIGNEE NIRA Dynamics AB			THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for IT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Linkoping, SE rinted on the patent): Individual Corporation or other private group entity Government			
4a. The following fee(s) are submitted: State Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number			
5. Change in Entity Status (a. Applicant claims SM	MALL ENTITY status. S	See 37 CFR 1.27.	**		L ENTITY status. See 37 C	
NOTE: The Issue Fee and Pu interest as shown by the recor	blication Fee (if require rds of the United States	d) will not be accepted Patent and Trademark (from anyone other than Office.	the applicant; a regis	tered attorney or agent; or the	he assignee or other party in
Authorized Signature Source Source Date January 14, 2010						
Typed or printed name William S. Morriss Registration No. 60,477						
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